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## **BEYER WEAVER & THOMAS, LLP**

INTELLECTUAL PROPERTY LAW

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### **FACSIMILE COVER SHEET**

August 1, 2005

**Receiver:** David Nhn, Patent Examiner, Art Unit 2818

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**Sender:** Michael Lee, Registration No. 31,846

**Our Ref. No.:** 01-377/1D / LSIIP180D1

**Re:** AMENDMENT B / TERMINAL DISCLAIMER

**Pages Including Cover Sheet(s):** 10

**MESSAGE:**

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#### **CONFIDENTIALITY NOTE**

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AUG 01 2005

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: HU et al.

Attorney Docket No.:  
01-377/1D/LSI1P180D1

Application No.: 10/750,348

Examiner: NHU, David

Filed: December 31, 2003

Group: 2818

Title: METHOD OF PREVENTING RESIST  
POISONING IN DUAL DAMASCENE  
STRUCTURES

Confirmation No.: 9464

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being transmitted by facsimile to fax number (571) 273-8300 to the U.S. Patent and Trademark Office on August 1, 2005.

Signed: Sue Funchess

Sue Funchess

**AMENDMENT B TRANSMITTAL**Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	16	MINUS	20	0	x 25 =	x 50 = \$-0-
Independent Claims	1	MINUS	3	0	x 100 =	x 200 = \$-0-
Multiple Dependent Claim Present and Fee Not Previously Paid					\$180.00	\$360.00
Total					\$	\$-0-

- ☐ Applicant(s) hereby petition for a \_\_\_\_\_ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition for such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 12-2252 (Order No. 01-377/1D).
- ☐ Enclosed is our Check No. \_\_\_\_\_ in the amount of \$\_\_\_\_\_ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 12-2252 (Order No. 01-377/1D).

Respectfully submitted,  
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